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APPLICATION NO.	FILING DATE	FILING DATE		FIRST NAMED INVENTOR		****	ATTORNEY DOCKET NO.		CONFIRMATION NO.		
10/627,966	10/627,966 07/28/2003			Laura P. Hale	1579-852 2269				269		
TITLE OF INVENTION	DDUCTION	08/18/2010 AWONDAF2 00000033 10627966									
			01 FC:2 02 FC:1			755.00 OP 300.00 OP					
APPLN. TYPE	SMALL ENTITY	ISS	SUE FEE DUE	PUBLICATION FEE D	UE	PREV. PAID ISSUE FEE		TOTAL FEE(S) DUE	DA	TE DUE	
nonprovisional	YES	\$755		\$300		\$0		\$1055		/17/2010	
EXAMINER			ART UNIT	CLASS-SUBCLASS							
REDDIG, PETER J 1642 514-020000											
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☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. ☐ "Fee Address" indication (or "Fee Address" Indication form				or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to							
PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				2 registered patent attorneys or agents. If no name is listed, no name will be printed.							
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)											
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DUKE UNIVERSITY DURHAM, NORTH CAROLINA											
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🖾 Corporation or other private group entity 🗀 Government											
4a. The following fee(s)	are submitted:		4b	. Payment of Fee(s): (se first reapply ar	ıy previ	iously paid issue fee	shown abov	e)	
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5. Change in Entity Sta	tus (from status indicated s SMALL ENTITY statu		,	☐ b. Applicant is no	lone	er claiming SMAI	.I. ENT	TTY status. Sec 37 Cl	R 1.27(g)(2	2).	
NOTE: The Issue Fee an interest as shown by the											
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Authorized Signature Typed or printed name	Mary J. Wil	Son S	4. CON	1307		Date Aug Registration N					
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